Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Δ	Fortha	2023 calendar year, or tax year beginning , and ending										
	Check if app			D Employe	r Identification number							
$\neg$		eux ii appliidatie.										
_	Address ch	Doing business as		04-3553295								
	Name chan	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number								
	Initial return	307 Old Main Street		508-	394-7100							
	Final return		<del></del>									
$\neg$	terminated	South Yarmouth MA 02664		<b>G</b> Gross reco	eipts\$ 1,153,421							
$\exists$	Amended re	F Name and address of principal officer:	121m3 In thin	roup return for s	ubordinates? Yes X No							
	Application	Bea Gremlich		•	H. H.							
		106 Pond Street	1	bordinates incl								
		South Yarmouth MA 02664	if "No	," attach a list.	See instructions							
1	Tax-exem	opt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527										
J	Website:	www.cultural-center.org		emption numbe	<u> </u>							
к	Form of or	rganization: X Corporation Trust Association Other	L Year of formation:	2001	M State of legal domicile: MA							
	art I	Summary										
		Briefly describe the organization's mission or most significant activities:			*********							
Ф	<u> </u>	To maintain a community cultural center			*** ** ********************************							
anc	Ι											
& Governance	''											
Ş	2 0	Check this box if the organization discontinued its operations or disposed of more that	in 25% of its net ass	ets.								
(Ü		4.1 1.2 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3		اما	1.0							
Š		Number of independent voting members of the governing body (Part VI, line 1b)			10							
Activities		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10							
ξį		Total number of volunteers (estimate if necessary)		اما	0							
4		Fotal unrelated business revenue from Part VIII, column (C), line 12			0							
	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			0							
_		The surveyed beauties to the survey of the s	Prior Y	ear	Current Year							
m	8 0	Contributions and grants (Part VIII, line 1h)		4,135	567,820							
ž		Program service revenue (Part VIII, line 2g)	1 /19	<u>9,057</u>	548,354							
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		7,742	36,718							
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0							
	1	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,46	0,934	1,152,892							
	4	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0							
	i i	Benefits paid to or for members (Part IX, column (A), line 4)			0							
G	42 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		59,489	431,484							
benses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0							
		Fotal fundraising expenses (Part IX, column (D), line 25) 49,592										
ŭ		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		78,904	872,306							
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,04	18,393	1,303,790							
	19 F	Revenue less expenses. Subtract line 18 from line 12	4.	12,541	-150,898							
6			Beginning of C		End of Year							
Net Assets or	[ 20 T	Total assets (Part X, line 16)		50,304	3,421,678							
Z Asi	21 T	Total liabilities (Part X, line 26)		<u>50,932</u>	100,812							
ş	22 N	Net assets or fund balances. Subtract line 21 from line 20	3,40	)9,37 <u>2</u>	<u>3,</u> 320,866							
E	Part II	Signature Block										
	Inder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to the	best of my ki	nowledge and belief, it is							
tı	rue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any knowle	ige.								
Si	gn	Signature of officer		Date								
	ere	Jason Lilly Treasur	er									
_		Type or print name and title										
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN							
Pa	id	Joseph F. McGee, CPA Joseph F. McGee, CPA	10/2	3/24 self-er								
Pr	eparer	Firm's name Sanders, Walsh & Eaton, CPAs, LL	C	Firm's EIN	84-1894608							
Ųs	e Only	PO Box F										
		Firm's address Osterville, MA 02655		Phone no.	508-428-0790							
Με	y the IR	RS discuss this return with the preparer shown above? See instructions	· · · · · · · · · · · · · · · · · · ·		Yes No							
		vork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2023)							
DA		•										

<u>,</u>	enter of Cape Co		<u>3553295                                 </u>	Page Page
art III Statement of Prog	ram Service Accomplish	ments	Dod 111	X
	O contains a response or	note to any line in this i	rait III	
Briefly describe the organization's for serve the entire	mission:	w and wieitors	to the area h	v offering
instruction, enter	tainment and e	y and visitors whihition in t	he visual. lit	erary and
erforming arts.				
errorming ares.	,		*** ********** ****** ***	
Did the organization undertake any	v significant program services d	uring the year which were no	ot listed on the	
	,			Yes X N
If "Yes," describe these new service		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Did the organization cease conduc		es in how it conducts, any pr	rogram	
_				Yes 🗓 Yes
If "Yes," describe these changes o				
Describe the organization's progra	ım service accomplishments for	each of its three largest pro	gram services, as measured	by
expenses. Section 501(c)(3) and 5	501(c)(4) organizations are requ	ired to report the amount of	grants and allocations to othe	ers,
the total expenses, and revenue, it	f any, for each program service	reported.		
			<u>.</u>	<u> </u>
(Code: ) (Expenses \$	933,455 inclu	ding grants of \$	) (Revenue	\$
ee Schedule O	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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: (Code: ) (Expenses \$ N/A  d Other program services (Describe (Expenses \$	inclu	uding grants of \$		

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20<u>a</u> X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

_ F	art IV Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	144		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	empleyees? If "Ves " complete Schodule I	23		X
249	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_==_
4 <b>7</b> 4	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		i
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			l
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			77
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			İ
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-	x	
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	1	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
P	art V Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	Check if Schedule O contains a response or note to any line in this Part V			<del></del>
		Г	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 70	$\dashv$		
b	Lifter the Manager of Femilie 14 20 Melecode on line 14: 2010	-		
С		40	x	
	reportable gaming (gambling) winnings to prize winners?	<u> 1 1c</u>	1 22	<u></u>

Part W Statements Regarding Other IRS Fillings and Tax Compiliance (continued)  Statements, filed for the calendar year ending with or within the year covered by this return  Statements, filed for the calendar year ending with or within the year covered by this return  If all tends one is reported on line 2a, did the organization file all required deteral employment tax returned?  3b Lot the organization in we unrelated business gross income of \$1,000 or more during the year?  3b Lot the organization and the calendar year, did the organization file all required an explaination or Schodule 0  3c Lot the organization and the organization have an interest to, or a signeture or other authority over, a financial accountry (such as a bark account, securities account, or other financial accountry of the same and the organization are such as a signeture or other authority over, a financial accountry selver as a same account specifies account, or other financial accountry?  4c Lot Compiler the manner of the forcign country selver as a same account specifies account, or other financial accountry?  5c Lot Country and the same of the forcign country selver as a same account specifies account, or other financial accountry?  5c Lot Country and the same of the forcign country selver as a same across and protein selver the financial accountry?  5c Lot Country and the same of the forcign country selver and the same accountry securities accountry or the financial accountry?  5c Lot Country and the same of the forcign country selver and the same accountry securities accountry or the financial accountry?  5c Lot Country and the same accountry securities accountry or the same accountry securities accountry or the same accountry securities accountry and the same accountry accountry and accountry accountry and accountry accountry and accountry accountry and acc		990 (2023) Cultural Center of Cape Cod 04-3553295			age <b>5</b>
Statements, filed for the calendary year confligh, with or within the year covered by this return # 2a   10   25   X    13 bit the cognization have unnellated business gross income of \$1,000 or more during the year?   3a   X    14 A any time during the extendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities an explanation on Schodule C   3b   X    15 If "Yes," and the did a form 900 - 10 for this year, If Wire for this year if Wire for the security (such as a bank account, securities account, or chief financial account); a foreign country (such as a bank account, securities account, or chief financial account); a foreign country (such as a bank account, securities account, or chief financial account; (FBAR).  15 If "Yes," and the marked the foreign country (such as a bank account, securities account, or chief financial account; (FBAR).  15 If was the organization in party to a prohibited tax sheller transaction?   5a   X    16 If was the consideration and the shell of the securities accountry (such as a bank account, securities accountry).  16 If was the consideration organization that it was or is a party to a prohibited tax sheller transaction?   5a   X    17 If was the consideration include with every solicitation and solicitation and party for goods and services provided to the deductible as characteristic contributions or gifts were not tox deductible?   7a   7a   7a   7a   7a   7a   7a   7			r	Yes	No
bit fact least one is reported on line 2a, still the organization file all required federal employment tax returns?  32 bit the organization have unretided bosiness gross income of \$1,000 or more during the year?  33 J X X 11*Yes,* has it filed a Form 90-T for this year? if **Not* to fine 3b, provide an explanation on Schedules 0.  30 J X 14*Yes,* these it filed a Form 90-T for this year? if **Not* to fine 3b, provide an explanation or Schedules 0.  30 J X 15*Yes,* the still filed a Form 90-T for this year? if **Not* to fine 3b, provide an explanation or other authority over, or financial account in a foreign country (such as a bank account, securities account, or other financial account)?  30 J Was the organization and party to a prohibed tax shelter transaction at any fene during the tax year?  31 Was the organization aparty to a prohibed tax shelter transaction at any fene during the tax year?  32 J Was the organization and party of the prohibed tax shelter transaction at any fene during the tax year?  33 J Was the organization and party of the prohibed tax shelter transaction and the organization and party prohibed tax shelter transaction of the organization and party prohibed tax shelter transactions and the organization shelt any contributions file from 800 for the organization shelt any contributions that the organization shelt any contributions that the organization shelt of the organization and party for special and services provided to the page of the organization shelt of the organization s					
Did the cingenization have unrelated business gross income of \$1,000 or more outring the year?		Citatomorka, mad for the determine them are year of them are year.	<u> </u>	**	
b If "Yes," I has it lited a Form 990-T for this year? If "No" to fine 30, provide an explanation on Schedule C  4 At any time during the calendar year, did the organization have an intense in, or a signeture or other authority over, a financial account in a foreign country (such as a subtra account, securities account, or other financial accounts?  4 a X  5 If "Yes," ofter the name of the foreign country  5 See instructions for filling requirements for FincENF Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxoble party notify the organization file Form 8868-T?  5 Does the organization organization file Form 8868-T?  5 Does the organization account gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as charidable contributions?  6 If "Yes," did the organization to clother with every solicitation an expense statement that such contributions or gifts were not tax deductible or contributions and the state of the organization to the state of the organization and the state of the organization and the state of the organization and the state of the organization receive an payment in excess of \$75 made party as a contributions and party for goods and services provided to the payor?  7 Organization teaches any payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  8 If "Yes," indicate the number of Forms \$2825 filed during the year  9 If "Yes," indicate the number of Forms \$2825 filed during the year  9 Did the organization received a contribution of organization file Form 8898 as required?  7 If X  9 If the organization received an contribution of care, boats, arispines, or other vehicles, did the organization file Form 1988-C?  10 Did the organization received an contribution of care indicated, to part VIII, line 12, for public use of other sources  11 If a Did  12 Section 5			-	A	77
4a A any time during the calendar year, did the organization have an interest 10, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secritises account, or other financial accounts?)  4b ("Yes", "other the name of the foreign country  5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b (I dr yes a file for 5c), did the organization that it was or is a party to a prohibited tax shelter transaction?  5c (I m yes a file for 5c), did the organization that it was or is a party to a prohibited tax shelter transaction?  5c (I m yes a file for 5c), did the organization have anousl gross receipts that are tormally greater than \$100,000, and did the organization have anousl gross receipts that are tormally greater than \$100,000, and did the organization have anousl gross receipts that are tormally greater than \$100,000, and did the organization have anousl gross receipts that are tormally greater than \$100,000, and did the organization have anously gross receipts that are tormally greater than \$100,000, and did the organization have anously gross receipts that are tormally greater than \$100,000, and did the organization have anously gross receipts that are tormally greater than \$100,000, and did the organization have anously gross receipts that are tormally greater than \$100,000, and did the organization that the early greater than \$100,000, and did the organization and party for the transaction to the transaction that the early greater than \$100,000, and did the organization and party for the transaction and party for gross and services provided to the party organization and party for the greater than \$100,000, and greater than \$100,000,	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u> </u>		<u> </u>
a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if Yes, "enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization of a prohibited tax whether transaction in any time during the tax year?  5 Dick any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 Dick may taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 Dick may taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 Dick may taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 Dick may tax be a party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 Dick may tax be organization social tax because the seed that the contributions of gifts were not tax deductible?  6 Dick the organization social verification and expense stemment that such contributions or gifts were not tax deductible?  6 Dick the organization sective any payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Dick may be a payor be a payor?  7 Dick may be a payor be a payor be a payor be a payor be			3 <u>b</u>		
b If "Yes," enter the name of the foreign country.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the foreign Bank Financial Accounts (FBAR).  See instruction for the foreign Bank Financial Accounts (FBAR).  See instruction for the foreign Bank Financial Accounts (FBAR).  See instruction for the foreign Bank Financial Accounts (FBAR).  See instruction for the foreign Bank Financial Accounts (FBAR).  See instruction for filing foreign Bank Financial Accounts (FBAR).  See instruction for filing foreign Bank Financial Accounts (FBAR).  See instruction foreign Bank Financial (FBAR).  See instruc	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			37
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  14b  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17	_	1 1	╛		
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17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10		1		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		in tes, complete round 4720, constant 0.			
1	77	Section our (C)(21) organizations. Did the trust, any disqualined of other person engage in any desiration	17		
			"		

04-3553295 Form 990 (2023) Cultural Center of Cape Cod Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done

13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

17	List the states with which a copy of this Form 990 is required to be filed MA.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

Jason Lilly South Yarmouth 143 Mayflower Terrace

MA 02664

508-394-7100

Form 990 (20	23) Cultural	Center	of	Cape	Cod	04	<u> -3553295</u>	Page 7
Part VII	Compensation of	of Officers,	Direc	tors, Tr	ustees,	, Key Employees	, Highest Con	pensated Employees, and
	Independent Co	ntractors						
	Check if Schedul	e O contain:	s a re	sponse (	or note	<u>to any line in this</u>	Part VII	<u></u>

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of
- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	c, unle	ss pe	ition more rson i	than or s both : r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1)Molly Demeulenae											
Executive Director	40.00			x				78,087	o		
(2) Evans Arnold	0.00	T		==				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
	5.00										
Vice President	0.00	X		X				0	0		
(3)Kathi Scrizzi D:											
 Frustee	2.00 0.00	x	 					l ol	o		
(4)Bea Gremlich	0.00		-	$\vdash$	-						
(4)	5.00										
President	0.00	X		X	<u>.</u>			0	0	<u> </u>	
(5)Virginia Hoeck											
	2.00	$\ _{\mathbf{x}}$						o	o		
Frustee (6) Jason Lilly	0.00	^		<del> </del> -	<del>                                     </del>						
(6) DASON HILLY	5.00										
Ireasurer	0.00	X		x	1			o	0		
(7) Marlene Marrocco											
	2.00										
Frustee	0.00	X	_		<u> </u>	$\vdash$		0	0		
(8) Suzanne Reid	2.00									ı	
 Irustee	0.00	x						o	0		
(9) Larry Thayer	0.00	+**	H	1-	T	$\vdash$					
·-, ———	5.00										
Clerk	0.00	x		X	<u> </u>			0	0	<u> </u>	
10)Jeffrey Watson											
<u></u>	2.00							]			
Trustee	0.00	X	┼	-	$\vdash$	-		0	0		
11)							1				

(A) Name and title		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week per week							(D) Reportable compensation from the	(E) Reportable compensation from related	co	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the inization d organi	and	
(12)				_										
(13)								:						
(14)														
(15)									_					
(16)														
(17)					ļ 									
(18)	······································												<del></del>	
(19)									70.005					
C	Subtotal	ets to Part VII,	Sect	ion	Α				70.005		<del> </del>			
2	Total (add lines 1b and 1c) Total number of individuals (in	ncluding but not	limite	ed to	tho	se li	sted	abo	ve) who received more that	n \$100,000 of	<del></del>			
	reportable compensation from			0		. 1		mla	una or highest companyate	ad			Yes No	
4	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir organization and related orga	<i>" complete Sche</i> ne 1a. is the sum	dule of r	J fo epor	<i>r suc</i> table	ch in e cor	<i>divid</i> npen	<i>ual</i> sati	on and other compensation	n from the		3	X	
5	individual  Did any person listed on line for services rendered to the c	1a receive or aconganization? If "		com		 satio	n fro	 m a		or individual		5	X	
Section 1	on B. Independent Contract Complete this table for your f	ive highest comm	ens	ated	inde	epen	dent	con	tractors that received more	than \$100,000 of				
	compensation from the organ	nization. Report of (A) id business address	omp	ens	ation	for	the c	ale	ndar year ending with or wi	thin the organization's tax to (B) iption of services	year.	Coi	(C)	
	wante an	a soomoss addiess						1						
			_					+-						
								+					<u>,                                      </u>	
		<u> </u>	-	_		_		$\dagger$						
								$\dagger$		· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent	t contractors (inc	ludir	ıg bı	it no	t lim	ited t	o th	ose listed above) who	0	_		<u></u> ,	
DAA	received more than \$100,000	or compensation	n tro	ım tl	ie or	gan.	zatic	л <u>.</u>				Fon	m <b>990</b> (20	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Unrelated Total revenue from tax under function revenue business revenue sections 512-514 , Gifts, Grants illar Amounts 1a Federated campaigns 1a 51,134 1b b Membership dues ..... 1c c Fundraising events ..... 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, 516,686 1f and similar amounts not included above .... Noncash contributions included in 9,400 1g lines 1a-1f ...... 567,820 h Total. Add lines 1a-1f...... Business Code 259,014 259,014 713990 Program Service Revenue Programs 138,130 138,130 713990 b Ticket Sales 713990 88,814 88,814 c Artisan gallery 41,013 41,013 713990 d Facility Rentals 21,383 21,383 713990 Studio Rental f All other program service revenue ..... 548,354 g Total. Add lines 2a-2f..... 3 Investment income (including dividends, interest, and 31,788 263 32,051 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal (i) Real 6a 6a Gross rents 6b b Less: rental expenses 6c c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 5,196 7a other than inventory b Less: cost or other 529 7b basis and sales exps. 4,667 7c c Gain or (loss) 4,667 4,667 d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ..... c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory **Business Code** \* ...... \* All other revenue ..... Total. Add lines 11a-11d ..... ol 94,184 490,888 1,152,892 Total revenue. See instructions .....

DAA

Form 990 (2023) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service (C) Do not include amounts reported on lines 6b, 7b, Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 131,050 Other salaries and wages ..... 396,247 239,168 26,029 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 21,142 11,628 2,467 35,237 Payroll taxes ..... 10 Fees for services (nonemployees): 11 а Management b Legal 12,000 12,000 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... f Other. (If line 11g amount exceeds 10% of line 25, column 200,180 2,000 108,114 310,294 (A) amount, list line 11g expenses on Schedule O.) 2,552 1,276 25,519 21,691 Advertising and promotion ..... 12 74,163 7,416 3,708 63,039 Office expenses 13 Information technology ..... 15 Royalties 93,648 79,601 9,365 4,682 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 83,368 47,520 34,181 1,667 Depreciation, depletion, and amortization 30,201 25,671 3,020 1,510 Insurance ..... 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 61,900 61,900 Ed. supplies & equipment 58,104 58,104 Exhibit expenses 34,313 34,313 Program expense C 34,253 28,709 49,368 Concerts 1,725 3,450 54,543 All other expenses ..... 322.776 1,303,790 930,406 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) ... Form 990 (2023) Form 990 (2023) Cultural Center of Cape Cod
Part X Balance Sheet

Page 11

	X Balance Sheet Check if Schedule O contains a response or	note to any	ine in this Part X		· · · · · · · · · ·	<u> </u>						
	<del></del>			(A) Beginning of year		(B) End of year						
1	Cash—non-interest-bearing			623,340	1	24,918						
2		Savings and temporary cash investments										
3		102,004	3 _	<u>120,967</u>								
4		50,853	4	49,365								
5		rmer officer	director,		Î							
-	trustee, key employee, creator or founder, substant											
	controlled entity or family member of any of these p				5							
6												
1 -	under section 4958(f)(1)), and persons described in				6							
7				7								
8					8							
9	***************************************				9							
1	a Land, buildings, and equipment: cost or other											
."	basis. Complete Part VI of Schedule D	10a	3,055,345									
١,	b Less: accumulated depreciation	10b	856,709	2,253,076	10c	2,198,636						
111	Investments—publicly traded securities			431,031		1,027,792						
12				12								
13				13	<del></del>							
14		Intangible assets										
15	Other seeds See Part IV line 11	Other assets. See Part IV, line 11										
16		line 33)		3,460,304	16	3,421,678						
17			38,286		45,461							
18				18	-							
19		12,646	19	55,351								
20	************************				20							
21		rt IV of Sche	dule D		21							
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
22	trustee, key employee, creator or founder, substan				. !							
	controlled entity or family member of any of these				22							
23					23							
24					24							
25			ed third									
25	parties, and other liabilities not included on lines 1				i i							
					25							
26	of Schedule D			50,932		100,812						
120	Total liabilities. Add lines 17 through 25	k here	]									
<u>:</u>	and complete lines 27, 28, 32, and 33.	K11010										
27				3,401,875	27	3,317,357						
28	********			7,497		3,317,357 3,509						
:  ^`	Organizations that do not follow FASB ASC 95	8. check he	re									
	and complete lines 29 through 33.	o, 0110011 110	·• ⊔									
	· —		29									
29												
3					30							
27 28 29 30 31 32	<del>-</del> ·			3,409,372		3,320,866						
	L TOTAL HEL 499ETS OF TAHE DATABLES			3,460,304		3,421,678						

Form	990 (2023) Cultural Center of Cape Cod 04-3553295			Pag	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets				_	
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,15			
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,303,790		
3	Revenue less expenses. Subtract line 2 from line 1	3		-150,898		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,40			
5	Net unrealized gains (losses) on investments	5	6	<u>52 , </u>	<u>826</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7			434	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	<u>.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3,32	<u>20,</u>	<u>866</u>	
Pa	rt XII Financial Statements and Reporting				$\overline{}$	
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ı		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			ı		
	Schedule O.			ı		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			l	İ	
	separate basis, consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ	
	If the organization changed either its oversight process or selection process during the tax year, explain on			İ		
	Schedule O.			1	1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	<u> </u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			[		
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			For	ա 99	0 (2023)	

#### **SCHEDULE A** (Form 990)

Internal Revenue Service

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Department of the Treasury

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization

Employer Identification number Cultural Center of Cape Cod 04-3553295 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iil). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or ..... An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (II) EIN (I) Name of supported listed in your governing other support (see (described on lines 1-10 support (see organization instructions) above (see instructions)) document? instructions)

		Yes	No	 
(A)				
(B)				
(C)				
(D)				
(E)				
Total				

Page 2

Schedule A (Form 990) 2023
Part II Support

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 ... Section B. Total Support (d) 2022 (e) 2023 (f) Total Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 Amounts from line 4 7 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization \_\_\_\_\_\_ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023
Part III Support

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support	damy andor the		<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and membership fees							
	received. (Do not include any *unusual grants.*)	542,762	499,671	1,046,638	964,135	567,820	3 <u>,621,026</u>	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	522,758	265,937	359,388	406,661	486,221	2,040,965	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	1,065,520	765,608	1,406,026	1,370,796	1,054,041	5,661,991	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						<del></del>	
C	Add lines 7a and 7b				<del>_</del>			
8	Public support. (Subtract line 7c from				ì		F (C) 001	
	line 6.)						5,661,991	
<u>Sec</u>	tion B. Total Support			1 1 2221	(-1) 0000	(=) 2022	/f\ Total	
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total 5,661,991	
9	Amounts from line 6	1,065,520	765,608	1,406,026	1,370,796	1,054,041	5,661,991	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,354	4,119	34,538	91,507	94,184	227,702	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	3,354	4,119	34,538	91,507	94,184	227,702	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					<u> </u>		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13				İ			E 000 000	
•	and 12.)	1,068,874		1,440,564	1,462,303	1,148,225	5,889,693	
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her	e <u></u>	<u> </u>	, or fifth tax year a	s a section 501(c)	(3) 	<u>.</u>	
Sec	ction C. Computation of Public St	upport Percent	age			1 4 1	0/	
15	Public support percentage for 2023 (line 8	i, column (f), divide	d by line 13, colum	າກ (f))		15	96.13%	
16_	Public support percentage from 2022 Sch	edule A, Part III, lin	<u>ie 15</u>		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		97.55%_	
Se	ction D. Computation of Investme	ent Income Per	centage				. 0/	
17	Investment income percentage for 2023 (I	line 10c, column (f)	, divided by line 13	s, column (f))		17	<u>4 %</u> 2 %	
18	Investment income percentage from 2022	Schedule A, Part III	I, line 17					
19a	33 1/3% support tests — 2023. If the org	janization did not cl	neck the box on lir	ie 14, and line 15 i	s more than 33 1/3	ow, and mie	X	
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization of	jualities as a public	ciy supported orga	mzauon	.,	
b	22 4/2% cupport tests — 2022. If the ord	ranization did not c	heck a box on line	14 or line 19a, and	d line 16 is more tr	ian 33 1/3%, and	_	
	line 18 is not more than 33 1/3%, check to	nis box and stop he	ere. The organizat	ion qualifies as a p	v and see instructi	organizativii, ione		
20	Divinte foundation of the organization di	id not check a box (	on line 14. 19a. Of	190, Check this DO	atio see instructi	VIID		

Schedule A (Form 990) 2023

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	<b>Organizations</b>
----------------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? ¢
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	4a		
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	4c		
	5a		<u> </u>
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	_		
	_8_		-
	9a		<u> </u>
	9b		
	9c	<u> </u>	-
	10a		
	104		
che	10b edule /	A (Form	990) 2023

chedu	le A (Form 990) 2023 Cuitural Center Of Cape Cod Grand	- <del>-</del> -		
Par	t IV Supporting Organizations (continued)		Yes	No
	and the state of the following manager		162	.,,,,
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a	-	
	11c below, the governing body of a supported organization?	11b		-
b	A family member of a person described on line 11a above?			•
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110	\	
45	provide detail in Part VI.			
ect	on B. Type I Supporting Organizations		Yes	No
	The second of th			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations		Van	Ma
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	17		1
Sect	ion D. All Type III Supporting Organizations		T v	
		Г	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax			
	year. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	١.	ļ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<del>                                      </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	ļ	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI		İ	
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b>├</b> ─
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.			ļ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
·	The state of the Astronomy Test Complete line 2 holow			
Ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	- v v v v v v v v v v v v v v v v v v v	struction	s <u>).                                    </u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
_ a	The state of the appropriation of the daying the tay year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ľ	ĺ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	ļ
i	and the companies of th			
•	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	1		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	<b>2</b> b		
_	Parent of Supported Organizations. Answer lines 3a and 3b below.	-		
3	Division have the power to regularly appoint or elect a majority of the officers, directors, or			
•	a Did the organization have the power to regularly appoint of elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.		1	
İ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	.	-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Schedule		990) 20

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

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Schedule A (Form 990) 2023

Enter 0.85 of line 1.

(see instructions).

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedu	le A (Form 990) 2023 Cultural Center o		04-35	<u>532</u>	95 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose				-
	organizations, in excess of income from activity	•		2	<u> </u>
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	·
4	Amounts paid to acquire exempt-use assets			4	
- 5	Qualified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	·		7	<u></u>
8	Distributions to attentive supported organizations to which the organiz	ation is responsive		8	
	(provide details in Part VI). See instructions.				<u> </u>
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h			ļ	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		_		
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

DAA

Schedule A (Fon	m 990) 2023	Cultural	Center of	Cape Cod	04-3553295	Page 8
Part VI	Supplemental Inf III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	ormation. Provide Section A, lines 1 art IV, Section C, , line 1; Part V, Se	e the explanation 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, S action B, line 1e;	ns required by Pa 4c, 5a, 6, 9a, 9b, ection D, lines 2 Part V, Section D	rt II, line 10; Part II, line 17a or 9c, 11a, 11b, and 11c; Part IV, and 3; Part IV, Section E, lines ), lines 5, 6, and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	lines 2, 5, and 6. A	Iso complete this	part for any add	itional informatior	a. (See instructions.)	
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Schedule A (Form 990) 2023

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**ZUZ3** Open to Public

Employer identification number Name of the organization 04-3553295 Cultural Center of Cape Cod Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year \_\_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? \_\_\_\_\_\_\_ Yes \_\_\_\_ In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ ...... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection literis (check all that apply).	Schedule	e D (Form 990) 2023 Cultura	l Center of	Cape Cod		04-35532	95		Pa	ge <b>2</b>
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that papply).  ### Provide a whibition  ### Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part  ### XIII.  ### Drovide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to riske fread traher than to be maintained as part of the organization's collection?  ### Part IV Escrow and Gustocial Arrangements  Complete if the organization on other intermediary for contributions or other assets not included on Form 990, Part X, fine 21.  ### Is the cognization an agent, instead, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X, fine 21.  ### If It I I I I I I I I I I I I I I I I I		III Organizations Maintaini	ng Collections of	Art, Historical	Treasures, c	or Other Simi	lar Assets	(continu	ed)	
Event provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  15 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  15 During they year, did the organization solicit or receive domations at art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements	3 Us	ing the organization's acquisition, acces	ssion, and other records	s, check any of the	following that ma	ake significant us	se of its			
b Scholarly research c □ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XXIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		•	d 🗍 i	Loan or exchange p	orogram					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIX.   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIX.   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be add to traise funds rather than to be maintained as part of the organization's collection?   Part IV   Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIX, line 21.   1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table.										
4. Froutige a description of the organization's collections and evaluation they currier the organization's exempt purpose in Part XII.  5. During the year, did the organization solid for receive donations of art, historical breasures, or other similar assets to be edd to raise funds rather than to be maintained as part of the organization's collection?		4								
XIII.   Suring the year, did the organization solict or receive donations of art, historical treasures, or other similar assets to be wide for raise funds rather than to be maintained as part of the organization's collection?   Yes   X  No			collections and explain	how they further th	ne organization's	exempt purpose	in Part			
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to riske funds rather than to be maintained as part of the organization's collection?  Part IV  Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 12.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 10.  1b if "Yes," explain the arrangement in Part XIII and complete the following table.  1c			•	•						
Part IV   Endowment Funds   Description answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tall is the organization an agent, trustee, oustodial Arrangements   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Tall is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Tall is the organization an agent, trustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X   Tall Individual on Form 990, Part X   Tall Individual on Form 990, Part X   Tall Individual on Individual on Individual on Individual or Part XIII   Tall Individual on Individual On			it or receive donations of	of art, historical trea	sures, or other s	imilar			==	a
Part V   Escrow and Custodial Arrangements	as	sets to be sold to raise funds rather tha	n to be maintained as p	art of the organizat	tion's collection?	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	Yes	<u>; X</u>	No
990. Part X, line 21.  a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table.  C Beginning belance  d Additions during the year  e Distributions during the year  f Ending belance  20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  C Not investment earnings, gains, and losses  d Grants or scholarships  C Other expenditures for facilities and programs  g End of year balance  g Chore expenditures for facilities and programs  g End of year balance  g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  %  b Permanent endowment  %  Teme endowment funds not in the possession of the organization that are held and administered for the organizations?  (ii) Related organizations?  (ii) Unrelated organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  (iii) Related organizations?  1a Land  220,000  b Billidings  (iv) Line 10.  (iv) Line 11.  (iv) Power (iv) Po		IV Escrow and Custodial A	rrangements							
1a Is the organization an agent, trustee, eustodian or other intermediary for contributions or other assets not included on Form 990, Part X?		Complete if the organization	ion answered "Yes'	" on Form 990,	Part IV, line 9	, or reported a	an amount	on Form		
included on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following fable.  C Beginning balance d Additions during the year e Distributions during the year 1 1d d Additions during the year e Distributions during the year 1 1e Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions Contributions Contributions 1a Beginning of year balance b Contributions 1b (a) Current year 1c (b) Prior year 1c) Prior year book 1c) Rothibutions Contributions 1c) Not investment earnings, gains, and losses 1d Grants or scholarships 1e Cother expenditures for facilities and programs 1f Administrative expenses 1g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment 5 Permanent endowment 5 C Term endowment 6 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 8 Term endowment 8 Term endowment 9 Tyes In the organizations? 9 Term of the organizations? 9 Term endowment 1 Tyes or nine 3a(ii), are the related organizations listed as required on Schedule R? 1 Describe in Part XIII the induced uses of the organization's endowment fluids.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 9 Describe in Part XIII the induced uses of the organization's endowment fluids. 1a Land		990, Part X, line 21.								
included on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following fable.  C Beginning balance d Additions during the year e Distributions during the year 1 1d d Additions during the year e Distributions during the year 1 1e Distributions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions Contributions Contributions 1a Beginning of year balance b Contributions 1b (a) Current year 1c (b) Prior year 1c) Prior year book 1c) Rothibutions Contributions 1c) Not investment earnings, gains, and losses 1d Grants or scholarships 1e Cother expenditures for facilities and programs 1f Administrative expenses 1g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment 5 Permanent endowment 5 C Term endowment 6 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 7 Term endowment 8 Term endowment 8 Term endowment 9 Tyes In the organizations? 9 Term of the organizations? 9 Term endowment 1 Tyes or nine 3a(ii), are the related organizations listed as required on Schedule R? 1 Describe in Part XIII the induced uses of the organization's endowment fluids.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 9 Describe in Part XIII the induced uses of the organization's endowment fluids. 1a Land	1a Is	the organization an agent, trustee, cust	odian or other intermed	liary for contribution	s or other assets	s not		<del></del>	_	1
Beginning balance   1c	inc	cluded on Form 990, Part X?						. L Yes	\$ <u></u>	J No
c Beginning balance d Additions during the year 1 dd	b lf'	"Yes," explain the arrangement in Part )	KIII and complete the fo	llowing table.						
d Additions during the year   1d   1e   1e   1e   1e   1e   1e   1e								Amount		
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Trizee years back (e) Four years back (o) Four years years have years back (o) Four years years years years years years years years years years years years years years years years years years years ye	f Er	nding balance								7
Part V Endowment Funds  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Times years back (e) Four years back (b) Four years back (d) Times years back (d) Times years back (d) Times years back (e) Four years back (d) Times years back (d) Times years back (d) Times years back (d) Times years back (e) Four years back (d) Times years back (d) Times years back (d) Times years back (d) Times years back (d) Times years back (e) Four years back (d) Times years back (d) Times years back (d) Times years back (d) Times years back (e) Four years back (d) Times years back (d) Times years back (e) Four years yea	2a Di	id the organization include an amount o	n Form 990, Part X, line	21, for escrow or	custodial accoun	t liability?		. [ Ye	_	- NO
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			XIII. Check here if the e	xplanation has bee	n provided on Pa	ırt X <u>III</u>	<u></u>		<u></u>	
ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses c Other expenditures for facilities and programs f Administrative expenses bear of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment %  b Permanent endowment %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations?  (ii) Related organizations?  (iii) Related organizations?  If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cook or other basis (b) Cook or other basis (c) Accumulation depreciation  (a) Buildings (c) 220,000  220,000  220,000  220,000  220,000  31,015  4 Land 220,000  220,000  220,000  220,000  220,000  220,000  31,015  4 Land 220,000  4 Land 37,399  5 Buildings (c) Land, 24, 37,399  5 C Leasehold Improvements (2,115,5,643,717,259,1,228,38,38)  6 Cheer 2,545,643,717,259,1,228,38  Total. Add lines 1a through 1a. (Column (d) must equal Form 990, Part X, line 10c. column (B)	Part	V Endowment Funds	ion on a world "Voo	" on Form 000	Dort IV line 1	0				
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment			1				<u> </u>			
a Board designated or quasi-endowment				re (line 1a. columa	(a)) held as:					
b Permanent endowment % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organ				( 181	(-),					
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land  220,000  220,000  4 Buildings  141,971  31,214  110,75  c Leasehold improvements  2,115  12  2,10  d Equipment  4 Equipment  90, Part X, line 10, Cost or 11st 5,616  108,224  37,39  1,828,38  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (8))  2,198,63										
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) (other)  Buildings 141,971 31,214 110,75  c Leasehold improvements 2,115 12 2,10  d Equipment 4 Equipment 5 Other 7 Other 145,616 108,224 37,39  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2 198,63										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) Related organizations. (iv) Related o		he percentages on lines 2a, 2b, and 2c	should equal 100%.							
organization by:  (i) Unrelated organizations?  (ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (investment)  (other)  1a Land  220,000  220,000  b Buildings  141,971  31,214  110,75  c Leasehold improvements  4 Equipment  6 Equipment  9 Other  1 Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))  2,198,63				ation that are held	and administered	for the				
(ii) Unrelated organizations?       3a(i)   3a(ii)			•						Yes	No
(ii) Related organizations?  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (other)  1a Land  220,000  220,000  Buildings  141,971  31,214  110,75  c Leasehold improvements  4 Equipment  5 Equipment  6 Other  1 Otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))  Column (B)  Column (B)  Column (B)		-					,,	3a(i)		<u> </u>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (investment)  (other)  1a Land  220,000  220,000  b Buildings  141,971  31,214  110,75  c Leasehold improvements  4 Equipment  6 Equipment  90, Part X, line 10c, column (B)								3a(ii)		<u> </u>
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value depreciation           1a Land         220,000         220,000         220,000           b Buildings         141,971         31,214         110,75           c Leasehold improvements         2,115         12         2,10           d Equipment         145,616         108,224         37,39           e Other         2,545,643         717,259         1,828,38           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))         2,198,63			anizations listed as requ	ired on Schedule F	₹?			3b		<u> </u>
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value depreciation           1a Land         220,000         220,000         220,000           b Buildings         141,971         31,214         110,75           c Leasehold improvements         2,115         12         2,10           d Equipment         145,616         108,224         37,39           e Other         2,545,643         717,259         1,828,38           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))         2,198,63	4 D	escribe in Part XIII the intended uses o	f the organization's end	owment funds.			<u> </u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property		VI Land, Buildings, and E	guipment						_	
1a Land         220,000         220,000           b Buildings         141,971         31,214         110,75           c Leasehold improvements         2,115         12         2,10           d Equipment         145,616         108,224         37,39           e Other         2,545,643         717,259         1,828,38           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))         2,198,63		Complete if the organiza	tion answered "Yes	<u>s" on Form 990,</u>	Part IV, line	11a. <u>See Forr</u>	<u>n 990, Part</u>	X, line 1	<u>0.                                    </u>	
1a Land       220,000       220,000         b Buildings       141,971       31,214       110,75         c Leasehold improvements       2,115       12       2,10         d Equipment       145,616       108,224       37,39         e Other       2,545,643       717,259       1,828,38         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))       2,198,63			(a) Cost or other	basis (b) Cos	st or other basis	(c) Accumula	ated	(d) Book	value	
b Buildings       141,971       31,214       110,75         c Leasehold improvements       2,115       12       2,10         d Equipment       145,616       108,224       37,39         e Other       2,545,643       717,259       1,828,38         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))       2,198,63			(investment	<u> </u>		depreciation	on l			~~
b Buildings	1a L	and					. 0.5.			
c Leasehold improvements       2,115       12       2,10         d Equipment       145,616       108,224       37,39         e Other       2,545,643       717,259       1,828,38         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))       2,198,63								<u> </u>		
e Other 2,545,643 717,259 1,828,38  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,198,63										
e Other 2,545,643 717,259 1,828,38  Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 2,198,63	d E	Equipment								
Total. Add lifes to through to (Goldan to) those oqual some of	e C	Other								
	Total. /	Add lines 1a through 1e. (Column (d) m	ust equal Form 990, Pa	rt X, line 10c, colun	nn (B))	······································				

Schedule D (F	orm 990) 2023 Cultural Cente	r of Cap	e Cod	04-3553295	Page 3
Part VII	Investments - Other Securities			<u> </u>	
	Complete if the organization answere	ed "Y <u>es" on Fo</u>	orm 990, Part IV, li	ne 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category		(b) Book value	(c) Method of valua	
	(including name of security)			Cost or end-of-year mar	ket value
(1) Financial o	derivatives	<u>L</u>			
(2) Closely he	eld equity interests				
(A)					
(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(C)			<u> </u>	<u> </u>	
(D)					
(E)			•		<del></del>
(F)			<u> </u>		
(G)			<del></del>		
(H)					
	n (b) must equal Form 990, Part X, line 12, col.	<u>(B)) </u>		<u> </u>	
Part VIII	Investments – Program Related Complete if the organization answere	ad "Vaa" on E	orm 000 Bort IV I	ing 11c See Form 000 Part	X line 13
		ed tes one	(b) Book value	(c) Method of value	
	(a) Description of investment		(b) BOOK Value	Cost or end-of-year mar	
(1)			<u> </u>		
(2)			<del></del>		
(3)			<u> </u>		<u></u>
(4)					
(5)					
(6)		-			
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 13, col.	(B))			
Part IX	Other Assets	,,,	<u> </u>		<u></u> -
	Complete if the organization answere	ed "Yes" on F	orm 990, Part IV, I	ine 11d. See Form 990, Part	X, line 15.
		a) Description			(b) Book value
(1)					
(2)					
(3)			<u>.                                    </u>		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, line 15, col.	(B))			
Part X	Other Liabilities	ID/ II	000 Dort IV	line 11e er 11f See Form 00	0 Part Y
	Complete if the organization answer	ea "Yes" on F	orm 990, Part IV,	ine Tie of Th. See Point 99	U, Part A,
	line 25.				(b) Book value
1.		escription of liability			(B) BOOK VALUE
	I income taxes		<del>_</del>		
(2)					
(3)		<u> </u>	<u> </u>		
(4)					
(5)			·		
(6)					
(7)					
(8)			<u> </u>		
(9)	on (b) must equal Form 000 Bort V line 25 and	(R))	<u> </u>		
iotal. (Colum	nn (b) must equal Form 990, Part X, line 25, col. r uncertain tax positions. In Part XIII, provide the	text of the fact	note to the organization	's financial statements that reports	the
Z. Liability to	r uncertain tax positions. In Part XIII, provide the sliability for uncertain tax positions under FASB	2006 OH 110 1000	k here if the text of the	footnote has been provided in Part	XIII
organization's	s liability for uncertain tax positions under FASB	730 /40. UIBU	VICIO II IIIE IEXT OF IIIE		

Part XI Reconciliation of Revenue per Audited Financial Statem		04 - 355329		Page 4
			urn	
Complete if the organization answered "Yes" on Form 990, F				1 015 004
1 Total revenue, gains, and other support per audited financial statements		,	1	1,215,284
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	62,826		
a Net unrealized gains (losses) on investments		02,020		
b Donated services and use of facilities	2c			
c Recoveries of prior year grants			1	
d Other (Describe in Part XIII.) e Add lines 2a through 2d			2e	62,826
3 Subtract line 2e from line 1			3	1,152,458
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	434		
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	434
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<u> </u>		5	1,152,892
Part XII Reconciliation of Expenses per Audited Financial Stater			Return	
Complete if the organization answered "Yes" on Form 990, I			<u> </u>	1,303,790
1 Total expenses and losses per audited financial statements			- 7	1,303,190
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0- 1			
a Donated services and use of facilities				
b Prior year adjustments	· <del>                                      </del>			
c Other losses	.			
d Other (Describe in Part XIII.) e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	1,303,790
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	<del></del>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,303,790
Part XIII Supplemental Information	<del></del>			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			art X, line	9
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional	information.		
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Schedule D (Fo	rm 990) 2023	Cultural_	Center of	of Car	pe	Cod	04-355329 <u>5</u>	Page 5
Part XIII	Suppleme	ntal Information	(continued)					
I dit Aii	Cappienie	ital miloniation	100/11/12/02/					
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#### CCCC3 10/23/2024 2:00 PM

## SCHEDULE L

(Form 990)

Department of the Treasury Internal Revenue Service

**Transactions With Interested Persons** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Open to Public

Name	of the	organizati	nn

Employer identification number

Name of the orga	nization Cultural Center	of Capo Cod						5532					
Part I	Excess Benefit Transact		c)(3), section 5	01(0	)(4).	and section 501							
	Complete if the organization ans	swered "Yes" on For	m 990, Part IV,	, line	25a	or 25b; or Form	990-EZ, Part V,	line 40	b				
			nship between disqu				(c) Description of tra			ŀ	(d)	Correct	ed?
1	(a) Name of disqualified person		organization						•		Yes	_   ^	10
(1)							<del></del>					+	
(2)	<u> </u>												
(3)			- "		_		<del></del>					+	
(4)	<del></del>		<u> </u>										
(5)								_			-	+	
(6) 2 Enter t	he amount of tax incurred by the on	ganization manager	e or disqualified	d nei	SOR	s during the year			_	-			
under :	section 4958he amount of tax, if any, on line 2, a												
Part II	Loans to and/or From In Complete if the organization and organization reported an amoun	swered "Yes" on Fo	m 990-EZ, Par		line	38a, or Form 990	, Part IV, line 26	; or if t	he		•		
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d)	Loan	(e) Original	(f) Balance due	(g) in (	default?	(h) Ap	proved		ritten
		with organization	Ioan		from org.?	principal amount					oard or nittee?	agree	ment?
				To	From			Yes	No	Yes	No	Yes	No
										ŀ			
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Total	<u>,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				<u> </u>			
Part III	Grants or Assistance Be Complete if the organization an	enefiting Intere swered "Yes" on Fo	sted Person rm 990, Part IV	ns /, lin	e 27	·							
	(a) Name of interested person	1 ' '	ship between intere and the organization			(c) Amount of assistance	(d) Type of assistance	e	(e)	Purpos	e of as	sistance	3
(1)				_	_			-				<u> </u>	
(2)					$\vdash$			+					
(3)					╁	<del></del>		_					
(4)					+	<del></del>		+				<u> </u>	
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<u>(6)</u> <u>(7)</u>			<u> </u>		1		<del></del>		,				
(8)			<u> </u>		T	-	<del></del>						

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icuule L (I	Form 990) 2023 Cultur	al Center of Cape		04-3553295	Pa
art IV	Business Transactions Involv	Mig Interested Persons "Vos" on Form 900, Dort IV, line 29	a 28h or 28c		
	Complete if the organization answered	i i			(e) S
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	of
		interested person and the organization	transaction		
					Yes
Evans	Arnold	Vice Pres BOD	5,400	studio rent	<del> </del>
					_
					_
art V	Supplemental Information				
	Provide additional information for response	onses to questions on Schedule L.	See instructions.		
	1 TOTICO Additional information for toops				
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#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Cultural Center of Cape Cod

04-3553295

Employer identification number

Form 990, Part III, Line 4a - First Accomplishment Discover the Cultural Center of Cape Cod, a hidden treasure dedicated to enhancing the lives of its community and guests through diverse arts programming. Boasting five galleries, resident artist studios, a performance hall, a culinary arts center, a recording studio, ceramics studios, a makerspace, and an art classroom, there is something for everyone to enjoy. In 2022, more than 500 hands-on classes and almost 65 concerts were available, providing endless opportunities for creative exploration and cultural engagement. The Center's devotion to serving at-risk populations is genuinely remarkable. Its Rise and Shine program offers tailored in-person and online programming to young people, seniors, individuals with special needs, those facing homelessness, people in recovery, and others. As the Center strives for greater inclusivity, it's heartening to know that 47% half of its concerts were headlined by women in 2022 and 27%. by BIPOC artists. The Center's small, women-led team works tirelessly to ensure its continued success and inspiration. If you're searching for a world-class venue encouraging curiosity, creativity, and lifelong learning, the Cultural Center of Cape Cod is the place to be. Come and experience it for yourself! In 2023, we are thrilled to share a momentous announcement: The Cultural Center of Cape Cod is embarking on an exciting partnership with the Town of Barnstable, propelling our programming into a new era at the enchanting HyArts Campus nestled in the heart of downtown Hyannis. The Hyannis HyArts Campus is at the crossroads of Pearl and South Streets, This artistic haven is a vibrant where it houses the esteemed Guyer Barn. Schedule O (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Tot/Prog Service Mgt & General

Fundraising

Other Professional

Schedule O (Form 9 Name of the organizat	990) 2023		· <del>-</del>	·	Employer identi	Page 2 fication number
Cultural		04-3553295				
	\$	0	\$	59,514	\$	0
Contract	Labor		,			
	\$	200,180	\$	48,600	\$	2,000
	Total					
	\$	200,180	\$	108,114	\$	2,000
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